

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Daniel		08-01-01
O.I.P.E. CLASSIFIER	ASB		8/9/01
FORMALITY REVIEW	T.A	J.C844	09/10/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	6/3/01
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	0
12	0
13	0
14	0
15	✓
16	0
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	0
25	0
26	0
27	0
28	✓
29	✓
30	0
31	0
32	0
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	0
43	0
44	0
45	0
46	✓
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Claim	Date
Final	
Original	
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Claim	Date
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If more than 150 claims or 10 actions  
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